

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 2/10/16		DAY SUN		TIME MILITARY 2020	
CRASH OCCURRED ON 1425 COLUMBUS AVE (KROGER LOT)		IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)		CITY CODE					
LOG-1		LOG-2		LOC JUR FH3 FILT							
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS								PHONE	
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE LICENSE PLATE NO TOWING SERVICE VEH PED DIR	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT THE GENERAL					
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS								PHONE	
VEH YR 05		MAKE HUN		MODEL HB		COLOR GREY		STYLE HB		STATE OH LICENSE PLATE NO GMAX5682 TOWING SERVICE N/A VEH PED DIR FROM N TO S	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES	
A B C		INJURED TAKEN TO		By				A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
D E F		INJURED TAKEN TO		By				A B C D E F		CONDITION	
A B C		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
D E F		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		ALCOHOL	
A B C		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D E F		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		DRUGS	
A B C		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
D E F		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
RECEIVED CALL 2020		DISPATCHED 2036		ARRIVED 2041		CLEARED 2055		OTHER TIME 0		TOTAL MINUTES 19	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY			
M D Y		YES NO		J. HALLER		123					